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CONFIRMATION NO. 5127

SERIAL NUMBER 10/752,800	FILING OR 371(c) DATE 01/07/2004 RULE	CLASS 382	GROUP ART UNIT 2624	ATTORNEY DOCKET NO. CTI-SYSTEM
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/385,307 03/10/2003

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 04/08/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY AZ	SHEETS DRAWING 21	TOTAL CLAIMS 46	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>DM</i>				

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TITLE

Cranial remodeling device manufacturing system

FILING FEE RECEIVED 684	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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